

Spring Youth Volleyball Clinics

Fridays: April 6th—May 11th

(No Program on April 27th)

Girls and Boys

Ages 10—14: 6:00pm - 7:30pm

**At the La Sierra Community Center:
Small Gym
5325 Engle Rd, Carmichael 95608**

Fee: \$60 (Resident) \$65 (Non-Resident)



Features:

- Focus on Fundamentals: Serving, Passing, Setting, Hitting, and Defense
- Communication, speed, and agility drills.
- Clinics will work progressively on skill building leading to fun game play the final weeks.

Instructor:

Molly Hanrahan

Folsom Lake College, Assistant Volleyball Coach

Registration Information:

Must pre-register for clinics.

No registration will be taken on clinic dates.

Space is limited.

How to Register:

In person at our La Sierra Community Center
5325 Engle Rd, Suite 100 in Carmichael
(drop box located outside office for after
hours registration), by fax at 483-7861 or by
email at sports@carmichaelpark.com.
Payment must accompany registration.

**Partial Scholarships Available. Contact
Sharon at 483-7826 x26 for details.**



REGISTRATION FORM FOR Spring Youth Volleyball Clinics 2018



Registration will be accepted via mail, walk-in at the address below or use the drop box located outside the La Sierra Office.

**LA SIERRA COMMUNITY CENTER SPORTS OFFICE
5325 ENGLE RD, SUITE 100, CARMICHAEL 95608**

For more information and questions please contact the Sports Office at 483-7826

FEE: \$60 (Resident) \$65 (Non-Resident)

Payment must accompany registration

Make Checks payable to C.R.P.D.

Visa or Mastercard

How are you paying? (please mark one): Check Cash Money Order Credit *

Total Amount Paid \$ _____

Office Receipt # _____

*Credit Card # _____ Exp. Date: _____ X _____

Players Name: _____ Date of Birth: ____ / ____ / ____ Male or Female

School Name: _____ Grade: _____ Age: _____

Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Carmichael



Carmichael Recreation & Park District
5325 Engle Rd, Carmichael, CA 95608 • (916) 483-7826 • FAX: (916) 483-7861

Spring Youth Volleyball Clinics 2018

AGREEMENT, WAIVER, AND RELEASE

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (its officers, officials, employees, and agents) from any and all liability arising out of, or connected in any way, with my participation in said activity even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

PHOTO RELEASE: By signing this agreement, you are agreeing to release photo rights to Carmichael Recreation & Park District. Carmichael Recreation & Park District reserves the right to photograph facilities, activities, and program participants for po-

PARENTAL CONSENT: (To be completed and signed by parent/guardian if applicant is under 18 years of age).

I hereby consent that my son/daughter _____ participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

I have carefully read this Agreement, Waiver, and Release and fully understand its content. I am aware that this is a release of liability and a contract between myself and Carmichael Recreation & Park District and I sign it of my own free will.

Signature: _____ Date: _____

Name (Printed): _____ Parent Guardian